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Authorization and Release**

I authorize the National Institute on Drug Abuse and its contractors, legal representatives, successors and assigns (collectively, NIDA) to utilize photographs, audio or videos that I have provided to NIDA as part of my participation in ***National Drug & Alcohol Facts WeekSM*** for any and all purposes related to the promotion of ***National Drug & Alcohol Facts WeekSM*** without financial compensation.

I understand and agree that any video, photographs, or recordings that I have provided to NIDA will become the property of the National Institute on Drug Abuse and will not be returned.

I hereby irrevocably authorize NIDA to edit, alter, copy, exhibit, publish, and/or distribute such materials, now or at any time in the future, for the purposes of publicizing the NIDA's programs, advertising, or any other lawful purpose. In addition, I hereby waive all right to inspect or approve the use of the Materials, now or in the future.

Date

Print Full Name

Parent/Guardian's Signature

Street Address, City, State, and Zip

For Minors (under the age of 18)

I, the undersigned, being the parent and/or guardian of the above named minor, do hereby consent to the above authorization and release. I hereby warrant that I have read the above authorization and release, prior to its execution, and that I fully understand the contents, meaning, and impact of this authorization and release.

Date

Print Youth's Full Name

Print Parent/Guardian's Full Name

Parent/Guardian's Signature

Street Address, City, State, and Zip